



**OPSEU CHILD TREATMENT SECTOR**  
*“Advocating for Workers Who Support Children and Families”*

*Honourable Dwight Duncan  
Minister of Finance and Chair of Treasury Board/Management Board of  
Cabinet  
C/o Budget Secretariat  
Frost Building North 3<sup>rd</sup> Floor  
95 Grosvenor Street  
Toronto ON M7A 1Z1*

*January 30, 2010*

*Dear Minister Duncan,*

*Thank you for the opportunity to provide input into the development of the 2010-11 Provincial Budget. OPSEU represents 3000 front-line workers who are committed to providing quality Children’s Mental Health services that are publicly funded and delivered in various community settings across the province.*

*The Current Reality within the Children’s Services Sector:*

*To put it bluntly, 2009 was a difficult year for front line Children’s Mental Health workers. Predictably, referrals to Children’s Mental Health Centres increased significantly as a result of the recession. For example, Windsor Regional Children’s Centre reported a 50% increase in referrals since the*

*beginning of the economic downturn. St. Clair Child and Youth Services saw a 35% increase to their referrals in that same timeframe (BCFPI data). Families coping with permanent job loss and seeing limited prospects on the horizon understandably looked for support and guidance to address the concerning behaviours and emotional difficulties they were witnessing in their children and adolescents. Workers in community-based children's mental health services are well placed to understand the connection between a child and adolescent's mental health and other societal health determinants such as the effects of poverty, fear, uncertainty and despair over their ability to influence change in ones life. Stories shared by the children and youth we saw over the past year reflected these concerns; the worries for their families and friends, their struggles in maintaining focus at school when the basic needs for food and shelter were becoming an increasing concern, something some had never experienced in their lifetime. Imagine the impact these additional challenges overlaid upon those '1 in 5' children who already statistically meet the criteria of having a mental health or psychiatric disorder. Imagine witnessing the increased volume of internal emails between front line workers asking for their colleagues' assistance in meeting a client's basic needs; a bed, clothes, school supplies - or the internal fundraising efforts to reduce the barrier of such things as transportation costs to clients so that they could participate in programs that had not yet been cut or reduced due to our Agencies' own budgetary realities. Imagine front line workers for yet another year, voluntarily taking unpaid leave days in an effort to balance budgets that have been woefully neglected since 1992, the 8% budgetary increase (2002 and 2005) swallowed up by the near 36% cost of living increase in that same timeframe. Imagine the challenge of remaining professional and accountable in ones job under these circumstances when some of our members are experiencing the same difficulties as the families we work with. These are just some of the*

*current realities of front line workers in the Children's Mental Health Sector. We are the faces of 'public service' whose 'portrait' has been one dimensional for far too long, having frequently been portrayed in the media and by those that do not 'see us' as being 'too expensive', 'overpaid' and 'under worked'. It is time for us to step from behind the façade that has been crafted for us. To remain silent is a disservice not just to ourselves, but to the children, youth and families who 'see us' everyday struggling to provide for them support and services under increasingly challenging conditions.*

*We understand that for many people, Children's Mental Health is viewed as the "orphan of the orphans" (Senator Michael Kirby) or the "poor cousins" (to our mandated counterparts in Health, Education and Child Protection). We prefer to view the services community based agencies provide as being the 'glue' that keeps families and communities together. Yet, the 'glue' is now so watered down, that it takes very little for small cracks to fracture after years of 'remodelling' and 'patchwork repairs', leading at times to irreparable damage. In the past year we have witnessed a Children's Mental Health Agency's Board of Directors take the extreme position of preparing for bankruptcy (The Robert Smart Centre, Eastern Ontario) and it remains unclear if the reprieve negotiated for this Agency will be sustaining for the long term. Sadly, workers familiar with the current realities of the system were not surprised at this announcement. Ironically, while Robert Smart was reporting it may have to close its doors permanently, an Agency in Sudbury was relying on the residential programs they provided following the loss of their own residential group home in December 2008 due to that Agency's inability to secure stable funding to keep alive this service for their community members. Despite children and youth being placed further away from their communities as a result of situations similar to this*

*example, the province endorses the value and commitment to keep children in their communities. There is something 'lost in translation' between policy and reality. The concept and policy development that supports the creation of "integrated" and "seamless" services has translated to funding structures that are so interdependent and interconnected, that we are dangerously close to a domino effect or structural collapse should one part of the system fail as has been witnessed within the child protection sector in the past 4 months. One worker has made the comment that services "Seems less" to me.*

*This is the year government must listen to the stories of families and workers who know the system intimately and fear for its future should the present course not be altered. We continue to believe that children and youth respond best in an environment that provides stability, continuity and predictability. The Children's Mental Health System cannot be the 'after-thought' for government any longer. Stable and predictable funding that is tied minimally to inflationary costs must be implemented immediately with an infusion of at least 3% to Children's Mental Health budget lines for this year just to stave off further losses, some which may include actual closure of programs and Agencies. There must as well be assurances from government that stable and predictable funding adjustments will in future be a consistent practice. Short-term solutions that have been provided on the backs of workers can no longer be the answer.*

**To answer your 2010 pre-budget questions:**

*1. What process should the government put in place to enable it to move out of deficit?*

*It is important for Government to understand the connections between the various Children's Services delivery models and how fragile the system has become. Funding structures such as targeted program funding envelopes (which are often created with stipulations and limitations as to who can 'qualify' to benefit) does not budget or account for administrative costs. This has placed an undue burden on the flexible core funded programs that are the backbone of Children's Mental Health across the province.*

*While MCYS policy ("A Shared Responsibility", 2006) clearly indicates that the child/youth/family is at the centre of any care plan, implementation of this value paints a different picture. Service agreements between Children's Mental Health Agencies and various children's services including Education and Child Protection, are being drawn up across the province with each sectors wanting 'their' children 'at the front of the line'. This puts service providers, who are trying to meet their referral demands and pressures, at the centre of the discussion, resulting in families feeling decentred and non-influential in the process. Instead of discussions regarding development and implementation of treatment plans, negotiation of "who will pay" have begun to dominate the discussion at case conferences, particularly in those situations where a child may be in the need of treatment, but not in need of child protection. It has been suggested that individualized funding is the answer. However, as one parent of a child noted recently: "I have the money [obtained through her community central point of access system], but I can't find the worker". In smaller communities where a publicly funded Children's Mental Health Agency is the 'hub' or 'single point of access' to begin the conversation with a family about their needs, the ability for the private sector to fill the gap in respect to treatment services is simply not there. Even within Agencies, the issue of recruitment and retention remain a challenge and those that can practice within the Private Sector*

*(Psychologists and Social Workers) simply are not plentiful enough or are affordable for the majority of families who do not have the income or private benefit coverage that can meet the costs of an assessment or therapy. Publicly funded services equals the playing field. In 2009, a study by Hugh McKenzie and Richard Shillington of the CCPA found that: “.....public services in Canada amount to a demo grant – most Canadians derive roughly the same dollar value from public services, regardless of their family type or income. Low income Canadians benefit somewhat more, because of income-related transfer payments like the child tax benefit, employment insurance and the guaranteed income supplement at the Federal level and social assistance at the provincial level, but other than that, the per capita benefit is about the same – \$15,000 – regardless of income or household type. The relative benefit from different types of public services varies by family type and income, but the total is remarkably consistent”<sup>1</sup>*

*For Government to “move out of deficit”, it must first expand the definition of ‘deficit’ from a limited ‘economic’/‘fiscal’ viewpoint. The ‘social deficit’ has grown exponentially in the past 15+ years as a result of tax cuts and is reflective in some of the stories shared earlier in this submission. Hugh McKenzie further noted in a recent speech: “Data from the OECD demonstrate that, since 1995, tax revenue in Canada has dropped from 36% of GDP to 33% of GDP. And while that may not sound like much, it represents a drop of nearly \$50 billion a year in public revenue”<sup>2</sup>. The reality is, as those of us in Children’s Mental Health Services well understand, tax cuts equals service cuts. We will continue to struggle to attract qualified professionals to our Agencies when the future for our services is seen as bleak*

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<sup>1</sup> Hugh McKenzie, CCPA “Taxes and Public Services” Speech December 1, 2009 and from “Canada’s Quiet Bargain – The Benefits of Public Spending, CCPA April 2009

<sup>2</sup> Hugh McKenzie, CCPA “Taxes and Public Services” Speech December 1, 2009

*and programs will continue to disappear, likely at an increasingly rapid rate, should the trend of the past 18 years continue in 2010.*

*2. What steps should the government take to streamline and provide better public services to Ontarians?*

*Government must continue to support structures within local communities that promote collaboration and innovative thinking and planning to address families' needs with the caveat that it occur within an environment that values and understands that each Sector contributes equally its own expertise in the problem solving exercise. In addition, budgetary autonomy is critical to the overall success of all. The increasing interdependence of funding allocation under the guise of 'integration' between the Sectors places all at risk of collapse. At the end of the day, Government pays the bill regardless of whether a child is placed in a residential group home through a child protection agency, the court, through a single point access agency or a complex special needs agreement. The increased use of outside paid residence fee structures has placed all residential services on the brink of collapse. In government's effort to be frugal and accountable, services and agencies are increasingly living day to day in respect to remaining viable. Creating stability within the existing system must become a higher government priority this year at the same time that it promotes reform through its policy "A Shared Responsibility". Otherwise, it is predicted that there will be more "Robert Smart" declarations of impending bankruptcy. The private/for profit sector has not in the past demonstrated its ability to pick up the pieces should these services be lost in a timely or responsive manner, if at all.*

*3. Government priorities are job creation, health care, education, strong fiscal management and economic growth. How should government balance this multitude of priorities? Given the considerable fiscal challenges, what should be the core priorities of the 2010 budget?*

*While the private sector continues to find its footing in the new economy, Government must lead the way through providing stability and reassurance to the public by maintaining good jobs in the public service which include those services that are not traditionally picked up by the private/for profit sector, particularly at times of economic downturn. Through a planned redispersment of taxes, Government is able to be reflexive and responsive to the needs of particularly hard hit communities. In the past year, infrastructure monies were available to targeted private sector employers. This must be the year to shore up public services, particularly those in the Community Sector who have been neglected by both the federal and provincial governments for many years due to cuts to transfer payments and downloading of program responsibilities either to the province or municipalities.*

*For children to learn, their minds must be free of pre-occupations due to hunger and/or worries about their parent's ability to provide safety and shelter. They also need opportunities to explore their abilities to be resilient and not let the challenges of life and at times, their mental health struggles defeat them in their hopes and dreams for a positive future. Children's Mental Health Centres provide a place for children and youth to explore and address in safety, their deepest secrets, their most difficulty struggles and reconnect to their greatest hopes. Our services augment the government priority areas of health care and education, both which are viewed to be foundational elements towards the goals of job creation and*

*economic growth. Strong fiscal management therefore, must include investment in our social infrastructure. This is the year Government must demonstrate its financial commitment to the future of its children and youth.*

*Respectfully Submitted on behalf of OPSEU CTS Members,*



*Deborah Gordon  
Chair  
OPSEU Child Treatment Sector*

*Cc: Honourable Laurel Broten, Minister of Children and Youth Services*